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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/417,645 04/17/2003

OK CCS

** FOREIGN APPLICATIONS *****

SWITZERLAND 1452/02 08/23/2002

OK CCS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after allowance	SWITZERLAND	DRAWING 5	CLAIMS 24	CLAIMS 1
Verified and Acknowledged	<i>OK CCS</i>	Examiner's Signature <i>OK CCS</i>	Initials		

ADDRESS

40854
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TITLE

Implant to be implanted in bone tissue or in bone tissue supplemented with bone substitute material

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)